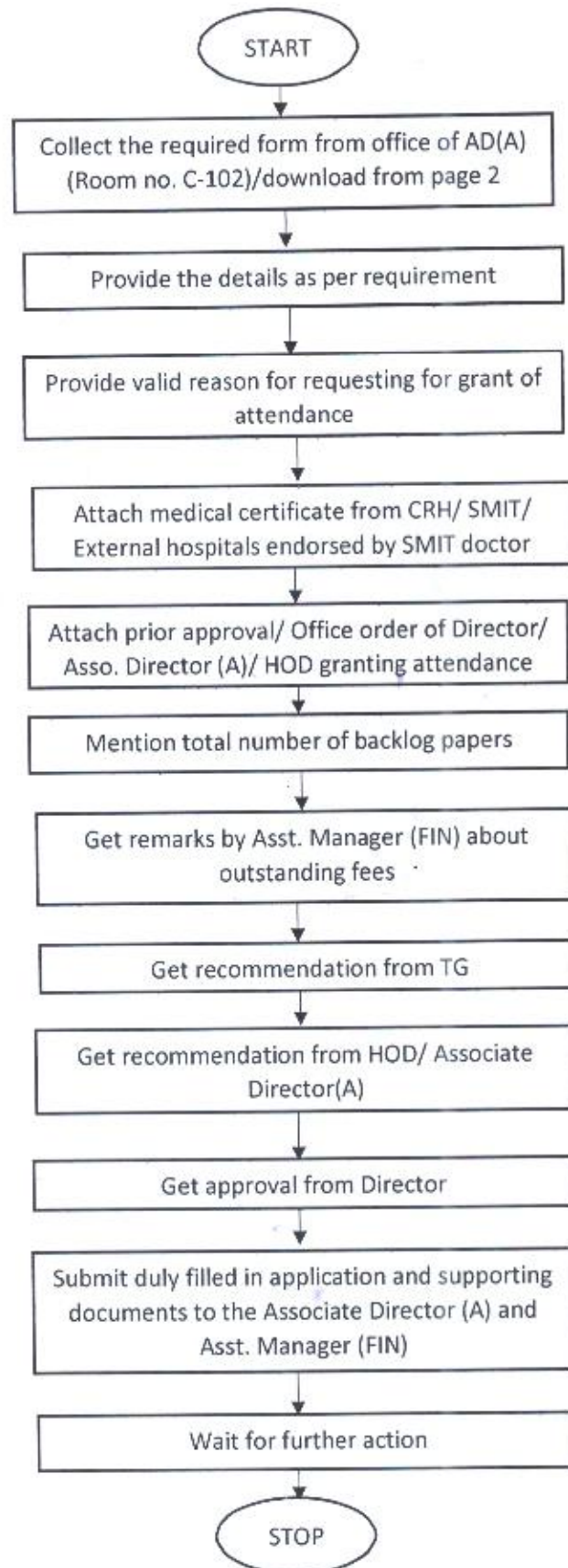


# GRANT OF ATTENDANCE ON MEDICAL GROUND

(No consideration for less than 7 days bed rest/ hospitalized)



For any assistance contact Deputy Registrar & Asst. Registrars, SMIT

1. Dr. Amrita Biswas  
(9434211795/  
deputyregistrar.admin@smit.  
t.smu.edu.in)
2. Mr. Ishwer Shivakoti (8768231697/  
asstregistrar.acad@smit.smu.edu.in)
3. Mr. Sanjeev Kumar  
(9933304161/



**APPLICATION FORM FOR GRANT OF ATTENDANCE ON MEDICAL GROUND**

[ No consideration for less than 7 days' bed rest/hospitalization]

(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No. ....
2. Parent's name ..... Phone No. ....  
(F/M/G#):
3. Dept./Branch ..... Sem/Sec. ....
4. Email ID ..... Phone No. ....
5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No: .....
6. Valid reason(s) for requesting for grant of attendance: .....  
.....
7. Supporting Documents attached.  
(i) Medical certificate from CRH/SMIT/External hospitals endorsed by SMIT doctor: Yes/No  
(ii) Prior approval/Office order of Director/ Associate Director (A)/HOD granting attendance :  
Yes/No
8. Total nos. of backlogs as on date: .....
9. Signature of the student: ..... Date: ...../...../.....
10. Remarks by Asst. Manager (Fin) about outstanding fees if any .....
11. Recommendation by TG:.....
12. Recommended by HOD/ Associate Director (A)\*: .....Date:.....
13. Approved by Director:.....Date: .....

**14. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the Associate Director (A) and the ASST. MANAGER (FIN) for record and further actions.[Contact No: 03592- 246145 OR 03592-246117/ 246118/ 246119/ 246120 ext: 270, FE: 330, 226]**

# F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

\* Associate Director (A) only for 1<sup>st</sup>. year students and HODs for Higher semester students.